

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/5/05</u>		2 Serial/Patent # <u>089900,559</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
<input checked="" type="checkbox"/>	Issue		<u>12/2/04</u>	\$ <u>1370</u>							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other		<u>12/2/04</u>	\$							
7 TOTAL AMOUNT OF REFUND			\$ <u>1370</u>								
8 TO BE REFUNDED BY:											
10 REASON:		<input checked="" type="checkbox"/> Treasury Check									
	<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> </tr> </table>			5	0	--	2	2	1	2
5	0	--	2	2	1	2					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WAN Laymon</u>		TITLE: <u>Ret Sears</u>									
SIGNATURE: <u>Wan Laymon</u>		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/6/05</u>									

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UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/5/05</u>		2 Serial/Patent # <u>08/900,559</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		12/3/04	\$ 685							
<input checked="" type="checkbox"/>	Issue		12/3/04	\$ 685							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other		12/3/04	\$ 300							
			7 TOTAL AMOUNT OF REFUND								
			\$ 1670								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> </tr> </table>			5	0	--	2	2	1	2
5	0	--	2	2	1	2					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WAN LAYMON</u>		TITLE: <u>Pat. Exam</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: _____									
OFFICE: _____											
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APPROVED: <u>[Signature]</u>		DATE: <u>1/6/05</u>									

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or **Fax** (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23865 7590 12/04/2003

BROBECK, PHLEGER & HARRISON LLP
 12390 EL CAMINO REAL--
 SAN DIEGO, CA 92130



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sachiko Y. Snedden

(Depositor's name)

Sachiko Y. Snedden

(Signature)

November 29, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/900,559	07/25/1997	SHU-CHING CHENG	030872.0004.RCEI	8245

TITLE OF INVENTION: METHODS OF USE OF ONE STEP IMMUNOCHROMATOGRAPHIC DEVICE FOR STREPTOCOCCUS A ANTIGEN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$665 \$1370.00	\$0 \$300.	\$665 \$1670.00	03/04/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HINES, JANA A	1645	436-807000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502212 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Donna O. Perdue, Reg. No. 51166 11/29/2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

12/03/2004 MWOLDGE2 00000052 502212 08900559

01 FC:1501 1370.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 15.00 DA

01/06/2005 AKELLEY 08900559
 02 FC:1501 1370.00 DA
 03 FC:1504 15.00 DA
 Adjusted date: 12/06/2004
 02 FC:2501 665.00 CR
 03 FC:1504 15.00 CR

PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.
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 02 FC:2501 665.00 CR

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE